M10000005148

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

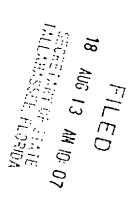
Office Use Only



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: 120000000088

Date: August 13, 2018	Account#. 12000000000
Name: KEN HOWELL	
Reference #:	
Entity Name: ULTIMATE AIRCRAFT APPEARANCE (GEORGIA) LL	<u>c</u>
Articles of Incorporation/Authorization to Transact Busine	SS
Amendment	
✓ Change of Agent	
Reinstatement	
Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
☐ Fictitous Name	
Other	
Authorized Amount: \$25.00	
Signature:	<u> </u>

+1.212.947.7200

+852.3975.1803

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

	•			
1. Na	me of the limited liability company: ULTIMATE	AIRCRAFT APPEARAN	ICE (GEORGIA) LLC	
2. (a)	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	SUITE 450 SUGAR LANE, TX 77478	CENTER	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	THREE SUGAR CREEN SUITE 450 SUGAR LANE, TX 77478	K CENTER	
Nove	ember 22, 2010	M10000005148		
3. Da	te of filing/registration in Florida	4. Document number	95 G	
5. (a)	Registered Agent and Registered Office shown of	on the records of the Floric		
	Registered Agent:	SALVATORE, FURNARI		
	Registered Office Address:	5200 NW 36TH STREET		
		MIAMI, FL 33122		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office ac	ddress:	
	NEW Registered Agent:	COGENCY GLOBAL	COGENCY GLOBAL INC.	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	115 North Calhoun S	orth Calhoun St., Suite 4	
	WOST BE FLORIDA STREET ADDRESS	Tallahassee	FL_32301	
confir and th liabili the me	limited liability company is not organized under the med that after the change or changes are made, the business office of the registered agent will be ide ty company, it is hereby confirmed that the change embers of the limited liability company or as other cerating agreement of the limited liability company	 Florida street address of tentical. Or, in the case of s(s) was/were authorized b wise provided in the article 	the registered office a Florida limited	
	/ R. Allen Ashcraft, Jr.			
Signatu	re of a member or authorized representative of a member			
	len Ashcraft, Jr.			
	or typed name of signee			
I here compl and I i Chapt	thy accept the appointment as registered agent and with the provisions of all statutes relative to the am familiar with and accept the obligations of my er 605. F.S. Or, if this document is being filed to is s. Thereby confirm that the limited liability comp	d agree to act in this capa proper and complete perfo position as registered age merely reflect a change in	city. I further agree to ormance of my duties, ont as provided for in the registered office	

Signature of Registered Agent Tim Mayville, Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00